PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/834,672 TRANSMITTAL Filing Date 04/13/2001 First Named Inventor **FORM** Robert W. Pries Art Unit 3635 **Examiner Name** Brian E. Glessner (to be used for all correspondence after initial filing) Attorney Docket Number 056267-0003 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ~ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC ~ Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please identify Terminal Disclaimer **Extension of Time Request** below): Request for Refund **Express Abandonment Request** - Return Receipt Postcard CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name GODFREY & KAHN, S.C. Signature William K. Baxter Date 04/06/2005 Reg. No. 41,606

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es eursuant i	Effective on 12/08/2004. to the Consolidated Appropriations Act, 2005 (H.R. 4818).
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09/834,672 **Application Number** Filing Date 04/13/2001 First Named Inventor Robert W. Pries **Examiner Name** Brian E. Glessner Art Unit 3635

Complete if Known

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAY	MENT (\$)	750.00		Attorney Docket	No. 056	3267-0003		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 07-1509 Deposit Account Name: GODFREY & KAHN, S.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEAF Application Type	FILING			CH FEES Small Entity Fee (\$)	EXAMINA Fee (\$)	ATION FEES Small Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$)								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets - 100 =								
Other (e.g., late filing surcharge): petition to revive unintentionally abandoned application 750.00								

SUBMITTED BY			
Signature	Willia K. Bate	Registration No. (Attorney/Agent) 41,606	Telephone 414-273-3500
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